

CHAIN-OF-CUSTODY / Analysis
The Chain-of-Custody is a LEGAL DOCUMENT

W0# : 1284584

PM: MMW Due Date: 04/05/17

CLIENT : USS CORP

Section A

Required Client Information:

Company: USS Corporation
Address: P.O. Box 417
Mt. Iron, MN 55768
Email:
Phone:
Requested Due Date:

Section B

Required Project Information:

Report To: Tom Moe
Copy To:
Purchase Order #:
Project Name: NPDES-LINE 3 Wky
Project #:

Section C

Invoice Information:

Attention:
Company Name:
Address:
Pace Quote:
Pace Project Manager: heather.zika@pacelabs.com
Pace Profile #:

Regulatory Agency

State / Location


ITEM #	MATRIX Drinking Water Water Waste Water Product Soil/Solid Oil Wipe Air Other Tissue	CODE DW WT WW P SL OL WP AR OT TS	MATRIX CODE (see valid codes to left)	SAMPLE TYPE (G=GRAB C=COMP)	COLLECTED			SAMPLE TEMP AT COLLECTION	# OF CONTAINERS Unpreserved H2SO4 HNO3 HCl NaOH Na2S2O3 Methanol Other	Preservatives	Analyses Test	Y/N	Requested Analysis Filtered (Y/N)	Residual Chlorine (Y/N)	LF, LF LF, LF	TEMP in C	Received on Ice (Y/N)	Custody Sealed Cooler (Y/N)	Samples Intact (Y/N)
					START	END													
					DATE	TIME	DATE												
1	WS-002 Scrubber Make-Up	WT		3-21-17 09:00	3-21-17 09:00														
2	WS-003 Thickener Overflow	WT		3-21-17 08:50	3-21-17 08:50														
3																			
4																			
5																			
6																			
7																			
8																			
9																			
10																			
11																			
12																			
ADDITIONAL COMMENTS		RELINQUISHED BY / AFFILIATION		DATE	TIME	ACCEPTED BY / AFFILIATION		DATE	TIME	SAMPLE CONDITIONS									
		Pace Analytical		3-21-17	14:30	Tom Moe / USS		3/22/17	1430	3.5									
		Pace Analytical		3/22/17	1455	Heather Zika / USS		3/22/17	1455	Y									

SAMPLER NAME AND SIGNATURE

PRINT Name of SAMPLER: Paul Moe

SIGNATURE of SAMPLER: Paul Moe

DATE Signed: 3-22-17

	Document Name: Sample Condition Upon Receipt Form	Document Revised: 15Mar2016 Page 1 of 1
	Document No.: F-VM-C-001-Rev.10	Issuing Authority: Pace Virginia, Minnesota Quality Office

**Sample Condition
Upon Receipt**

Client Name:

USS Corporation

Project #:

Courier: ☐ Fed Ex ☐ UPS ☐ USPS ☒ Client
☐ Commercial ☐ Pace ☐ Other: _____

Tracking Number: _____

Custody Seal on Cooler/Box Present? ☐ Yes ☒ No Seals Intact? ☐ Yes ☐ No Optional: Proj. Due Date: _____ Proj. Name: _____

Packing Material: ☐ Bubble Wrap ☐ Bubble Bags ☒ None ☐ Other: _____ Temp Blank? ☐ Yes ☒ No

Thermometer Used: ☒ 140792808 Type of Ice: ☒ Wet ☐ Blue ☐ None ☐ Samples on ice, cooling process has begun

Cooler Temp Read °C: 3.2 Cooler Temp Corrected °C: 3.5 Biological Tissue Frozen? ☐ Yes ☐ No ☒ NA
Temp should be above freezing to 6°C Correction Factor: +0.3 Date and Initials of Person Examining Contents: KH 3/22/17

			Comments:
Chain of Custody Present?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	1.	
Chain of Custody Filled Out?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	2.	
Chain of Custody Relinquished?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	3.	
Sampler Name and Signature on COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	4.	
Samples Arrived within Hold Time?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	5.	If Fecal: <input type="checkbox"/> <8 hours <input type="checkbox"/> >8, <24 hours <input type="checkbox"/> >24 hours
Short Hold Time Analysis (<72 hr)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	6.	
Rush Turn Around Time Requested?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	7.	
Sufficient Volume?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	8.	
Correct Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	9.	
-Pace Containers Used?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
Containers Intact?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	10.	
Filtered Volume Received for Dissolved Tests?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	11.	Note if sediment is visible in the dissolved containers.
Sample Labels Match COC?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	12.	
-Includes Date/Time/ID/Analysis Matrix: <u>wt</u>			
All containers needing acid/base preservation will be checked and documented in the pH logbook.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		See pH log for results and additional preservation documentation
Headspace in Methyl Mercury Container	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	13.	
Headspace in VOA Vials (>6mm)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	14.	
Trip Blank Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A	15.	
Trip Blank Custody Seals Present?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A		
Pace Trip Blank Lot # (if purchased):			

CLIENT NOTIFICATION/RESOLUTION

Field Data Required? ☐ Yes ☐ No

Person Contacted: _____ Date/Time: _____

Comments/Resolution: _____

FECAL WAIVER ON FILE Y N

TEMPERATURE WAIVER ON FILE Y N

Project Manager Review: M. L. W. W.

Date: 3/23/17

Note: Whenever there is a discrepancy affecting North Carolina compliance samples, a copy of this form will be sent to the North Carolina DEHNR Certification Office (i.e. out of hold, incorrect preservative, out of temp, incorrect containers)